services often have long lengths of stay in hospital which should allow optimisation of diabetes management. We hypothesise that despite intervention, standards in diabetic management are not met.
Methods: The first cycle of a retrospective clinical audit was conducted across 5 secure wards at Ravenswood Medium and Low Secure Hospital. Results were collected from paper drug and insulin charts and electronic patient records. Audit standards were set using NICE guideline NG28, European Association for the Study of Diabetes, and Southern Health NHS Foundation Trust Guidelines. The following parameters were audited: Frequency of normal capillary blood sugars (CBG), frequency of blood sugar monitoring, management of hyperglycaemic episodes with short-acting insulin and ketone tests, HbA1c level currently and on admission. The initial audit of September 2024 showed significant underperformance. Following this we implemented feedback sessions of the audit findings with the multidisciplinary team to identify possible areas of improvement; information sessions to highlight monitoring guidelines, and dietary posters for patient areas. January 2025 was then reaudited.
Results: Of the original 18 patients, 2 had been discharged, and 16 were identified for the re-audit. Non-compliance with diabetic monitoring improved from 19% to 9%. The average number of attempted CBG measurements per day was 1.32 (previously 1.17, audit standard 2.31). On average, 31% of the CBG readings were in the target range (down from 39%, audit standard 70%). Following an episode of hyperglycaemia, novorapid was administered 68% of the time (previously 67%) and a ketone test was offered 37% of the time (previously 7%, audit standard 100%). Between audit cycles, 56% of patients had their diabetic care plan reviewed by a doctor and 25% of cases were discussed with diabetes specialist services.
Conclusion: Our targeted interventions have improved the frequency of monitoring and reduced patient non-compliance to monitoring in a secure setting. However, diabetic control has worsened, highlighting the complexity of the management of diabetes in this patient population. Increased monitoring may have identified poor diabetic control, highlighting room for further improvement. We propose that improved access to specialist diabetes advice and availability of healthier dietary choices for patients could improve diabetic management in the future.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Clinical Audit of Use of Clonazepam in General Adult Psychiatry Patients

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Aims: To assess adherence to local prescribing guidelines for clonazepam, including indication appropriateness, consultant oversight, documentation of unlicensed medicine forms, weekly review compliance, and discontinuation planning before discharge.
Methods: A retrospective audit was conducted on the electronic records of 234 patients under the care of the Enhanced Team West (ETW) between July 2023 and August 2024. Using a keyword search for "clonazepam", 20 patients were identified, with 16 meeting inclusion criteria. Data on demographics, indications, prescribing teams, consultant involvement, documentation of unlicensed medicine forms, review frequency, and discontinuation plans were collected and analysed.
Results: Indication compliance: 94% of prescriptions were for appropriate indications, predominantly agitation (56%) and anxiety (19%). No cases were for epilepsy.

Consultant oversight: 88% of prescriptions were initiated or approved by a consultant psychiatrist.

Unlicensed medicine form usage: Only 6% of cases had a completed unlicensed medicine form, despite trust guidelines mandating its use.

Review frequency: Weekly reviews were documented in 100% of cases, primarily through multidisciplinary team (MDT) meetings.

Discontinuation planning: 47% of patients had a documented plan to taper or discontinue clonazepam before discharge. Among those continued post-discharge, 89% had documented attempts at dose reduction in the community.
Conclusion: This audit highlights high compliance with appropriate indications and consultant oversight but identifies areas for improvement in documentation of unlicensed medicine forms and structured discontinuation planning. Given the risks associated with prolonged clonazepam use, enhancing adherence to trust guidelines on discontinuation strategies is essential. Recommendations include improved training on unlicensed medicine documentation, reinforced discharge planning protocols, and regular re-audits to monitor adherence and patient outcomes.

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New NICE Guidelines on Sodium Valproate (November 2023)

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Aims: The audit aims to ensure compliance with the new sodium valproate guidelines published in November 2023, identify areas of deviation from the guidelines, and improve patient safety and outcomes by promoting adherence to best practices.
Methods: Data was collected from various sources, including patients' case notes, GP records, and attachments like acknowledgment forms. Out of 519 service users, 68 were selected based on age (55 years or younger). These were divided into two groups: 42 new cases (system alert created on 2024) and 26 current cases (system alert created 2023). After reviewing and excluding duplicates, 3 new cases and 10 current cases were analysed. Case notes and GP records were examined for risk acknowledgement forms, LFT (liver function tests), and FBC (full blood count) results. It was noted that no case records specifically mentioned these tests as part of valproate initiation or monitoring.
Results: New Cases: Demographics: 2 males, 1 non-binary.

Testing: LFT and FBC were conducted in 67% of cases before initiation; 100% had LFTs within six months.

Forms & Settings: All had acknowledgement forms with specialist signatures; 2 initiated in inpatient and 1 in a community setting.

Discrepancy: 67% had mismatches between alert creation and medication start dates.

Current Cases: Demographics: 8 males, 2 females.

Testing: 60% had LFT and FBC tests before initiation; only 30% had LFTs within six months.

Annual Reviews: For females, annual acknowledgement forms were completed in one of two cases; both complied with the Pregnancy Prevention Programme (PPP).

Discrepancy: All cases had alert creation mismatches.

Conclusion: Good Practices:

Reduced new sodium valproate cases in 2024 (from 10 in 2023 to 3).

Universal completion of acknowledgement forms for new cases.

Adherence to PPP for females and avoidance of valproate initiation in females under 55.

Areas for Improvement:

Documentation and completion of LFT/FBC tests before and after initiation.

Timely creation and removal of alerts.

Clear record of initiation dates, reasons, and follow-up plans.

Mitigation Strategies:

Training healthcare professionals on guidelines and the importance of acknowledgement forms for all patients.

Ensuring accurate alert management.

Proper documentation in discharge plans for female patients.

Verification of recent LFTs and acknowledgement forms during reviews.

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Physical Health Monitoring for Patients Within an Assertive Outreach

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Aims: This audit highlights the well-documented disparity in life expectancy between individuals with severe mental illnesses, such as schizophrenia, and the general population, attributed in part to inadequate access to and engagement with healthcare services. Addressing this issue aligns with the Government's commitment to achieving parity between physical and mental healthcare standards.

The audit aims to evaluate progress in physical health monitoring for patients, identify improvement areas, and assess practices against NICE and NCAP standards.

Methods: In January 2021, the team appointed a healthcare assistant to enhance physical health monitoring for patients with severe mental health conditions. An audit of 39 patients active between January 2023 and January 2024 reviewed electronic records, focusing on physical health results, case notes, and correspondence to assess outcomes.

Results: In 2021, 83% of patients had documented monitoring for HbA1c/RPG and lipids, with four documented refusals. By 2023, these rates improved to 100% (24/24) for both measures, although 15 patients refused monitoring. Family history documentation for diabetes, hypertension, and hyperlipidaemia showed significant progress, increasing from 0% in 2021 (10/10) to 100% in 2023 (25/25). For the period from January 2023 to January 2024, 100% of patients (39/39) were offered comprehensive physical health monitoring, maintaining the 2021–2022 rate. All cases documented tobacco, alcohol, and substance use clearly. Dietary and exercise advice remained consistent at 100% across both years. Notably, in 2023, 100% (3/3) of patients with diabetes and hypertension indications received intervention offers, while no patients required intervention for dyslipidaemia. Additionally, 100% of patients were offered smoking cessation and support for reducing alcohol and substance misuse, with refusals clearly documented.

Conclusion: The 2023 audit highlighted both challenges and progress in physical health monitoring. Although 15 patients declined HbA1c/RPG and lipid monitoring – an increase from 4 in 2021, this signals a need for improved patient engagement strategies, such as rapport-building and tailored education on monitoring benefits. Positively, documentation of family history for diabetes, hypertension, and hyperlipidaemia reached 100% in 2023, indicating effective recognition of familial risk factors. To further enhance documentation consistency, adding a dedicated family history section to the annual physical health check form is recommended. Overall, the audit shows significant progress, achieving 100% rates for key metrics and aligning with national standards. However, ongoing efforts are needed to engage patients who refuse interventions, ultimately improving outcomes and reducing health disparities among individuals with severe mental illnesses.

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Transfer of Care Between the Emergency Department and an Older People's Mental Health Inpatient Unit

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Aims: Two patients within an Older People's Mental Health (OPMH) unit that had been transferred to the emergency department (ED) for physical health assessment were found to have returned without a handover or discharge letter. The discharge letters, received more than 48 hours later, revealed important interventions that were consequently delayed. This audit aimed to identify compliance with NICE Quality Standard QS174: adults admitted with a medical emergency and whose care is being transferred to a different healthcare setting have information about their condition and needs passed onto their new care provider.

Methods: A retrospective audit using online records from 30 patients admitted to a Doncaster OPMH unit between January–June 2024. Records were reviewed for key terms to identify patients with ED visits and then assessed for (a) handover documentation, (b) discharge letter availability, (c) actions required for the psychiatry ward, and (d) the nature and implementation of these actions.

Results: There were 20 individual ED reviews. 35% (n=7) had a documented handover to the OPMH unit at point of return (POR). 65% (n=13) had no evidence of a handover. Discharge letters were available on average 4 days (range 1–14 days) post-discharge. 5 reviews had no handover documentation or letter in the records and were followed up separately to this audit.

8 reviews resulted in actions for the ward. 7 required medication changes (antibiotics, anticoagulants, diuretics, beta blockers), 1 required patient isolation. Only one patient had evidence of a handover and subsequently their new medication was started without delay. The remaining patients received medication no longer indicated or missed doses of new medication. Patient isolation occurred with significant delay. Two reviews had a discharge letter at

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